ARKANSAS BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS & LAND SURVEYORS

P.O. Box 3750 Little Rock, AR 72203-3750 www.arkansas.gov/pels

Telephone: 501-682-2824 Fax: 501-682-2827

SURVEYOR REQUEST FOR EXEMPTION FROM CONTINUING EDUCATION

	DATE	<u> </u>
NAME		AGE
ADDRESS		DI C //
CITY/STATE		Are you a dual registrant?
PHONE #		□ YES □ NO
DATE OF BIRTH		If yes, list your PE #
YEARS OF EXPERIENCE	PLS	
OCCUPATION		
EMPLOYER NAME		
ADDRESS		
CITY/STATE/ZIP		
AGE EXPI	BASIS FOR EXEMPTION ERIENCE	
_	*CURRENT plats. (Make sure plats lats, please include a letter to the Board	meet minimum standards.) d explaining why you do not have a current
This information provided or	this form is true to the best of my kno	wledge.
(Registrants seal)	Signature	
	Date:	